

Staple Issue Slip Here

# BEST AVAILABLE COPY

POSITION	ID NO.	DATE
CLASSIFIER	5	9-27-93
EXAMINER	300	9-27-93
TYPIST	8F 350	9-28-93
VERIFIER	352	9/29
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
Final	
Original	
1	12 15 17
2	93 94
3	0
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SYMBOLS  
✓ ..... Rejected  
= ..... Allowed  
- (Through numeral) Canceled  
+ ..... Restricted  
N ..... Non-elected  
I ..... Interference  
A ..... Appeal  
O ..... Objected

Claim	Date
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Original	
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